



**Frederick County Teachers Association**  
 1 Worman's Mill Court, Suite 16 • Frederick, MD 21701  
 301/662-9077



**For Local office use only**

NEA \$ \_\_\_\_\_  
 MSEA \$ \_\_\_\_\_  
 FCTA \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

**2009-2010 ENROLLMENT FORM**

**New! Fast! Easy!** Sign up online! Pay by credit card! Visit [www.marylandeducators.org](http://www.marylandeducators.org)

\_\_\_\_\_  
 SOCIAL SECURITY NO. (Last 4 digits are required)

OR

\_\_\_\_\_  
 EMPLOYEE ID NUMBER

**FREE!** NEA Complimentary Life Insurance!

See attached registration.

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS		<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
CITY	STATE	ZIP	
HOME PHONE		WORK EMAIL	
DATE OF BIRTH	ETHNICITY (Optional)		
MONTH / DAY / YEAR	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian (not Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Other		
HIRE DATE	REGISTERED VOTER		
_____ / _____ / _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		

\_\_\_\_\_  
 FCTA LOCAL  
 \_\_\_\_\_  
 SCHOOL NAME  
 \_\_\_\_\_  
 POSITION  
 \_\_\_\_\_  
 SUBJECT

\*MSEA Fund for Children & Public Education voluntary contribution  
 \$3.00 per pay period or \_\_\_\_\_  
 per pay

**Check your salary level for dues computation:**  
 Over \$36,673  \$18,336 - \$36,673  Below \$18,336

**Method of payment:**  
 Payroll deduction (Sign and date below.)  Cash / Check

**Check one:**  
 Full-time (more than .50)  
 Part-time (.25-.50)  
 Part-time (less than .25)

**Payroll Deduction Authorization**

I agree to join FCTA/MSEA/NEA and pay annual dues. I hereby authorize in accordance with our FCTA negotiated contract the Board of Education to deduct dues from my salary. I further understand that such deduction of dues is continuing in nature and that cancellation of dues for the ensuing school year can be affected only by written notice to the president of FCTA and a copy to the payroll department of the board between July 1 and August 31. In case of termination of employment during the school year, the balance of dues for that year will be deducted from my final salary payment. Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deducted as a miscellaneous itemized deduction. Annual membership dues to the NEA includes \$5.40 for NEA Today, \$3.25 for NEA-Retired and/or \$19.75 for the Higher Education publications. The NEA publication(s) received by members are based on membership category. Annual membership dues to the MSEA includes \$5.00 for the MSEA ActionLine.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Voluntary Contribution Authorization for the Fund for Children and Public Education**

**\*I hereby authorize the following voluntary contribution** to the NEA, MSEA and FCTA Fund for Children and Public Education (FCPE). The fund collects voluntary contributions from Association members and uses these contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for federal office. Contributions to FCPE are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Although the NEA, MSEA and FCTA FCPE request an annual contribution of \$3.00 per paycheck, this is only a suggestion. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without it affecting his or her membership status, rights, or benefits in NEA, MSEA or any of their affiliates. **To increase or decrease your contribution, use the box above.**

I understand that I am making a joint contribution to the FCPE and that one third of my contribution will go the NEA FCPE, one third to MSEA FCPE, and one third to the FCTA FCPE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Contributions or gifts to the NEA, MSEA and FCTA FCPE are not deductible for federal income tax purposes. Federal law requires us to use our best efforts to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Federal law prohibits the NEA FCPE from receiving donations from persons other than members of NEA and its affiliates, and their immediate families. All donations from persons other than members of NEA and its affiliates, and their immediate families, will be returned forthwith.

**PLEASE RETURN WHITE, CANARY AND PINK COPIES TO YOUR LOCAL • RETAIN THE GOLD COPY FOR YOUR RECORDS**





# NEA Complimentary Life Insurance<sup>SM</sup> (DUES-TAB) / NEA Introductory Term Life Insurance<sup>SM</sup> REGISTRATION FORM

These programs are provided at no cost to eligible members by the NEA Members Insurance Trust. To help us administer these programs, please complete this form in its entirety, then fold, seal and mail. No postage necessary. You may also register on our Web Site ([www.neamb.com/nocostbenefits](http://www.neamb.com/nocostbenefits)). This information will be held in strict confidence. Thank You!

MEMBER NAME—LAST FIRST MI

RESIDENCE—STREET

CITY STATE ZIP

PHONE ARPA CODE DATE OF BIRTH SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

Home e-mail address Please provide your home e-mail address to receive information and updates about NEA MB programs, Web Site offers and giveaways.

BENEFICIARY: Please name your beneficiary:  
LAST NAME

FIRST MI

RELATIONSHIP (To Member)

If a beneficiary is not named, any amount of insurance at your death will be paid to the first surviving beneficiary class as listed in the following order:

- 1. Spouse 2. Children 3. Parents 4. Siblings 5. Estate

Number of children age 22 or younger dependent on you for support: 0 1 2 3 4 or more

Children's Year of Birth 1st Child 2nd Child 3rd Child 4th Child

To name more than one beneficiary, call toll free 1-800-637-4636.

### Marital Status

- Single Married Domestic Partner Divorced/Separated/Widow

### Gender

- Male Female

### Major Wage Earner in Household

- Yes No About the same

### Household Income Range?

- \$29,999 or below \$30,000 - 39,999 \$40,000 - 49,999 \$50,000 - 59,000 \$60,000 - 69,999 \$70,000 - 99,999 \$100,000 - 124,999 \$125,000 - 149,999 \$150,000 and above

### Select a category which best represents your employment level

- Kindergarten-Pre-School Elementary Intermediate/Junior High/Middle School High School Community or Junior College College or University Adult Education Other

### Select a category which best represents your occupational area

- Eng/Lang Arts/Speech Science Related Health Related/P.E. Voc./Business Related General Education Special Education Facilities Support Eng/Lang Arts/Speech Mathematics Social Studies/History Fine Arts Foreign Languages Counselors/Psych./Soc. Workers Paraprofessional/Assistant Other (Cafeteria/ Custodial/Bus, etc.)

### If married, what is the employment status of your spouse?

- Education employee Executive Unemployed Student Retired Other professional Homemaker Other

### Which statement best describes your housing situation?

- Rent Own home Own mobile home Own condo. or co-op Live with relatives Other

### When do you plan to retire?

- Age 65 or older Age 60-64 Age 55-59 Age 50-54 Under Age 50

### I am currently an

- Active Life\* Reserve Staff Member \*Life members must be actively employed in the field of education.

By signing this form, I am designating the beneficiary listed above for both plans as applicable. I understand that only first year members are eligible for the NEA Introductory Term Life Insurance.

X Member's Signature

Date

- If you are a first year member please place a check in this box.